

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration

DC BX LIC02



NEW LICENSE APPLICATION
FOR THE BOXING AND WRESTLING COMMISSION

Please read instructions before completing this form. If you have any questions, call Pearson VUE's toll-free Customer Service line at **1-877-672-2175** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

SECTION 1. REQUESTED LICENSE TYPE/FEEES (includes non-refundable application fee – see instructions)

Method (Origin) of Application:
(Check only one)

(See page 4 of Instructions for License Type, Specialties and Fee Listing to complete below).

<u>Code</u>	<u>Description</u>
(E) <input type="checkbox"/>	Examination
(N) <input type="checkbox"/>	Endorsement
(O) <input type="checkbox"/>	Other

Requested License Type:

Code Description

\$____.00

☐ Duplicate Licenses _____ X \$30.00 = \$____.00
(Maximum 2)

Make check or money order payable to
Pearson VUE and mail to:

PEARSON VUE
Department DC – BX
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785

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Check \$

Ck #

Clerk

Total Enclosed \$____.00

\$____.00

SECTION 2. APPLICANT NAME OR COMPANY/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME

MI

LAST NAME

SUFFIX
(Jr, Sr, etc.)

____-____-____
SOCIAL SECURITY NUMBER/FEIN*

M M D D Y Y Y Y

____-____-____
DATE OF BIRTH

PLACE OF BIRTH

Provide City and State for US birthplace or Country for foreign place of birth.

☐ Male ☐ Female

GENDER

Please check the correct box.

* Due to an amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex (gender or sexual harassment), age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, and place of residence or business. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

NOTICE OF MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

NOTICE OF FRAUD, CORRUPTION AND WASTE

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

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SECTION 3. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order

<u>FIRST NAME</u>	<u>MI</u>	<u>LAST NAME</u>	<u>SUFFIX</u> (Jr, Sr, etc.)
Changed to current name by: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order			

<u>FIRST NAME</u>	<u>MI</u>	<u>LAST NAME</u>	<u>SUFFIX</u> (Jr, Sr, etc.)
Changed to current name by: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order			

<u>FIRST NAME</u>	<u>MI</u>	<u>LAST NAME</u>	<u>SUFFIX</u> (Jr, Sr, etc.)
Changed to current name by: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Court Order			

<u>FIRST NAME</u>	<u>MI</u>	<u>LAST NAME</u>	<u>SUFFIX</u> (Jr, Sr, etc.)
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SECTION 4A. HOME ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER _____

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE _____ ZIP CODE + 4 _____ EMAIL ADDRESS _____

HOME PHONE NUMBER _____ HOME FAX NUMBER _____

SECTION 4B. BUSINESS ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

COMPANY NAME

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER _____

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE _____ ZIP CODE + 4 _____ EMAIL ADDRESS _____

BUSINESS PHONE NUMBER _____ BUSINESS FAX NUMBER _____

SECTION 4C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

☐ HOME ☐ BUSINESS

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SECTION 5A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including trade or professional schools. List in reverse chronological order, beginning with the most recent at the top. Attach additional sheets if necessary. If required in the application instructions, you must provide a sealed transcript.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

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SECTION 5B. WORK EXPERIENCE

List all work experience since graduation from the education program required for the license for which you are applying. List in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

* TYPE OF POSITION KEY:

- A. Internship D. Apprenticeship F. Other (attach a typed explanation to this form)
B. Private Practice/Self-Employed E. Instructor
C. Employment

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SECTION 5C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. If required in the application instructions, you must request and provide verification of licensure for all of these licenses, past and/or present.

Jurisdiction	Date License Was First Obtained	License Number

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SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through I below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

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A. I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Commission?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this Commission?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

SECTION 7. APPLICANT AFFIDAVIT

I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.

APPLICANT SIGNATURE	NAME (Please Print)	DATE	PEARSON VUE ONLY
			<input type="checkbox"/>
<i>Subscribed and sworn to before me this ____ day of _____, _____ by the affiant, who personally appeared before me.</i> (Month) (Year)			
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	(SEAL)	PEARSON VUE ONLY
			<input type="checkbox"/>

SECTION 8. SPONSOR'S AFFIDAVIT

SPONSOR'S SIGNATURE	NAME (Please Print)	DATE	PEARSON VUE ONLY
			<input type="checkbox"/>
SPONSOR'S LICENSE PREFIX AND NUMBER _____			

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Commission approval date (mm/dd/yyyy): _____

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SECTION 9. SUPPORTING DOCUMENTS REQUIRED			PEARSON VUE ONLY
Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Commission. Keep a photocopy of all supporting documents for your records.			
A. All applicants: Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots or computer photographs are not acceptable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
B. All applicants: Include a legible copy of government-issued photo ID, such as your valid driver license, as proof of identity, which must be submitted as a supporting document.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
D. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
K. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
L. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
M. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
N. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
O. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
P. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
Q. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
R. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
S. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
T. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>